

TEXAS BOARD OF NURSING
333 GUADALUPE #3-460; AUSTIN, TEXAS 78701-3944
(512) 305-7400 - (512) 305-7401 FAX

SWORN DECLARATION OF PRIMARY STATE OF RESIDENCE

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

RN/LVN LICENSE #: _____ **SSN:** _____ **DATE OF BIRTH:** _____

(E-Mail Address) ()
Business Fax Number

☐ Yes ☐ No **Are you currently employed in the U.S. Military (Active Duty) or the U.S. Federal Government?**

In accordance with the Nurse Practice Act, Texas Occupations Code, Chapter 304.001 (Nurse Licensure Compact) and 22 TAC §220.2, I declare the State of _____ as my primary state of residence and that such constitutes my permanent and principal home for legal purposes. ("Primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.)

I intend to practice in the state(s) of: _____
(List up to 10 states, e.g. Texas, Arkansas, Maryland, New Mexico, etc.)

Signature: _____ **Date:** _____